

Click on the question-mark icons to display help windows
 The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you

Form **990-EZ** **Short Form** **Return of Organization Exempt From Income Tax** OMB No 1545-0047
2019
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Open to Public Inspection
 Department of the Treasury Internal Revenue Service
 ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

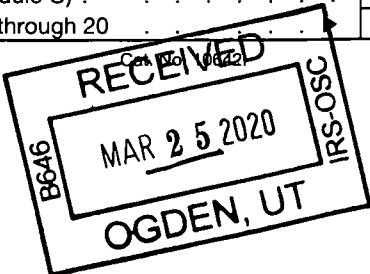
A For the 2019 calendar year, or tax year beginning **01 January**, 2019, and ending **31 December**, 2019
B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending
C Name of organization **LSM Corporation**
 Number and street (or P O box if mail is not delivered to street address) **PO Box 16** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code **Afton NY 13730-0016**
D Employer identification number **02-0376997**
E Telephone number **607 639 2279**
F Group Exemption Number ▶
G Accounting Method Cash Accrual Other (specify) ▶
I Website: ▶ **www.VCOA.org**
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (7) ◀ (insert no) 4947(a)(1) or 527
K Form of organization Corporation Trust Association Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **169,532.60**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																10,000.00													
	2	Program service revenue including government fees and contracts																0													
	3	Membership dues and assessments																131,049.50													
	4	Investment income																31.29													
	5a	Gross amount from sale of assets other than inventory					0																								
	b	Less: cost or other basis and sales expenses					0																								
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)							0																						
	6	Gaming and fundraising events:																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)								0																					
	b	Gross income from fundraising events (not including \$ 3500.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									15,517.00																				
c	Less: direct expenses from gaming and fundraising events									18,526.16																					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														
7a	Gross sales of inventory, less returns and allowances									2,564.81																					
b	Less: cost of goods sold									3,062.04																					
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																0													
	11	Benefits paid to or for members																0													
	12	Salaries, other compensation, and employee benefits																0													
	13	Professional fees and other payments to independent contractors																	62,630.36												
	14	Occupancy, rent, utilities, and maintenance																	17,478.76												
	15	Printing, publications, postage, and shipping																	33,499.33												
	16	Other expenses (describe in Schedule O)																	5,987.02												
17	Total expenses. Add lines 10 through 16																														
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																													

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	98,943.12	22 124,822.72
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	4,878.80	24 7,348.13
25 Total assets	103,821.92	25 132,170.85
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	103,821.92	27 132,170.85

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Promoting and satisfying enthusiasm for Volvo cars.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 Publish and distribute 6 issues of Rolling magazine		
(Grants \$ 4,000.00) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	54,464.33
29 Maintain membership listing and models of various Volvo automobiles owned and provide various member ser such as information, commemorative items, listing of dealers offering discounts, and access to a discounted p program.		
(Grants \$ 2,500.00) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	46,604.98
30 Sponsor Local chapters and coordinate enthusiast gatherings at various locations nationwide, as well as an national event.		
(Grants \$ 3,500.00) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	18,526.16
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	119,595.47

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John Holtzapple Director and President	10	0	0	0
Gretchen Adams Director and Vice President	24	26,225.46	0	0
Armand Brandao Treasurer	3	1,200.00	0	0
Connor Kleck Director and Secretary	3	0	0	0
Jan Nystrom Director and Editor, Rolling magazine	20	24,000.00	0	0
Hugh Donnelly Director and Counsel	1	0	0	0
Mike Dudek Director and Advertising Manager	3	965.00	0	0
Ryan Ottochian Director and Chapter Coordinator	1	0	0	0
Phil Salmon Director	0	0	0	0
Duncan LaBay Director	0	0	0	0
Jay Norton Director	0	0	0	0
Faye VanVorce Office Manager	4,140.00	0	0	0

60

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Armand Brandao, Treasurer Telephone no 508 823 2473 Located at 737 Burt St, Taunton MA ZIP + 4 02780-2203
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041--Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here 21	Signature of officer 	Date 14 MARCH 2020
	Type or print name and title Armand Brandao, Treasurer	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		2019 National Meet (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	15,517.00			
	2 Less: Contributions	3,500.00			
	3 Gross income (line 1 minus line 2)	12,017.00			
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	0			
	6 Rent/facility costs	0			
	7 Food and beverages	0			
	8 Entertainment	0			
	9 Other direct expenses	14,287.80			
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,287.80
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,270.80	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
LSM Corporation

Employer identification number
02-0376997

Line 1, Contributions, et cetera: \$10,000.00 contribution from Volvo Car, North America, allocated as follows: National Meet \$3,500.00,

Rolling magazine \$4,000.00, Club Promotion \$2,500.00.

Line 6b, Fundraising Event Income: 2019 National Meet \$12,017.00, Carlisle (PA) Local Meet \$183.00

Line 6c, Fundraising Event Expenses: Insurance \$3,569.36, 2019 National Meet \$14,287.80, 2020 National Meet venue deposit \$500.00,

Carlisle (PA) Local Meet \$169.00.

Line 8, Other Revenue: Advertising Income from Rolling magazine \$10,370.00.

Line 13, Payments to Independent Contractors: Membership Coordinator \$26,225.46, Office Manager \$4,140.00, Treasurer \$1,300.00,

Rolling magazine Editor \$24,000.00, Advertising Commission \$965.00, Webmaster \$5,999.90.

Line 14, Office Occupancy Expenses: Utilities \$2,729.94, Communications \$1,838.62, Office Supplies \$1,168.52, Printing \$3,376.40,

Postage \$5,237.40, Rent \$2,400.00, Insurance \$420.00, Corporate Registration Renewal \$200.00, Website Hosting \$107.88

Line 15, Printing, et Cetera - Rolling magazine: Printing \$24,725.98, Postage \$8,288.35, Purchased Content \$485.00.

Lines 24a&b: Office equipment and supplies.